

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Location: DHCF, 441 4th Street NW, Main Street Conference Room #1028, Wash., DC 20001

Wednesday, October 25, 2017

5:30 p.m. to 7:30 p.m.

Meeting Minutes

ATTENDEES:

MEMBERS:

Greg Banks, DDS
Christian Barrera, DCOA
Jacqueline Bowens, DCHA
Diana Bruce, DCPS
Sharra E. Greer, Children's Law Center
A. Seiji Hayashi, Mary's Center
Yair Inspektor, OSSE (*designee for HK/HS*)
Jodi Kwarciany, DC Fiscal Policy Institute
Mark LeVota, DC Behavioral Health Assoc.
Trey Long, DHS
Erin Loubier, Whitman-Walker Health
LaQuandra Nesbitt, DOH
Ian Paregol, DC Coalition on Disability Providers
Claudia Schlosberg, DHCF
Leona Redmond, SOS-NOW
Tamara Smith, DCPCA
Jacqui Watson, DOH (*Designee for LN*)
Jim Wotring, DBH

MEMBERS VIA CONFERENCE LINE:

Guy Durant, Beneficiary
Suzanne Jackson, GW Law School
Veronica Damesyn Sharpe, DCHCA

GUESTS:

Barry Lewis, Amerigroup
Linda Elam, Amerigroup
Jennifer Jarrell, Amerigroup
Bradley Weaver, HSCSN
Sharon Lewis, DOH
Lisa Proctor, The HSC Foundation
Cavella Bishop, DHCF
Josephine Bias Robinson, HSCSN
Trina Dutta, DHCF
Carmelita White, DHCF
Patricia Quinn, DCPCA
DaShawn Groves, DHCF
Justin Palmer, DCHA

I. Call to Order/Approval of Minutes

Jacqueline Bowens (JB), MCAC Chair, called the meeting to order at 5:45 pm. There were no meeting minutes available for review/approval.

II. MCAC Business/Operations

JB requested that Trina Dutta (TD) give instructions on the nomination and voting process for the Executive Committee (Vice-Chair and Member-at-Large), and the New Sub-Committee Chairs for Health System Re-Design and Long Term Services and Supports.

TD explained that the Ex-Officio members are not voting members and cannot serve in Executive Committee Member roles. However, per the bylaws, ex-officio members can serve and chair MCAC sub-committees.

She stated that voting members would receive nomination ballots to nominate candidates for each seat, and they can also self-nominate. After nominations are received, members would then vote from that tallied list of nominees. TD would then tally all voting ballots and announce the new leaders at the appropriate time during the meeting.

Seiji Hayashi (SH) and Erin Loubier (EL) stated that they did not wish to be nominated.

Introductions – Welcome: New MCAC Members

JB asked that everyone introduce themselves, and asked that new members also state why they are here to serve on the MCAC.

Veronica Sharpe (VS) was on the conference line, and stated that she is a new member who served previously. She represents the DC Health Care Association which represents all of the District's nursing homes, as well as many of the assisted living facilities in the community. VS stated that she is happy to be re-appointed.

Tamara Smith (TS) stated that she is the President and CEO of the DC Primary Care Association (DCPCA), and that she is serving on the MCAC because she wants to work on quality outcomes, improvement, collaboration, and systems integration, and she's happy to be a part of the team.

Ian Paregol (IP) stated that he is the Executive Director for DC Coalition on Disability Providers, and that he was there to serve as a representative of the disability community.

Review: FY'18 Meeting Calendar

JB informed members that the MCAC meetings are scheduled every other month, and that the MCAC tries to convene the sub-committee meetings during the off months. She strongly encouraged new members and non-members (the public) to sign up to serve on the sub-committees as they are the incubator of ideas. JB said that members of the public do not have to be a member of the MCAC to participate on sub-committees.

It was noted that the December 27th is not a good date to hold the MCAC meeting due to the holiday. JB agreed that the date would be revised to occur during the 2nd week of December (Wednesday, December 13). The FY'18 Meeting Calendar will be updated to include the new date for December. She stated that the August date will probably have to be revised as well. The revised schedule will be provided to the MCAC members, and will be uploaded to the MCAC webpage on the DHCF website for the public.

III. Senior Deputy Director/Medicaid Director Report

UPDATE: MCAC Budget Proposals

Claudia Schlosberg (CS) reported that there were two (2) proposals endorsed by the entire MCAC that were presented to the DHCF's Executive Management Team. These proposals were submitted by the MCAC's Long Term Care Sub-Committee. One proposal was to implement the PACE program, and the other was to add a new service to the EPD Waiver home-delivered meals.

CS stated that there is funding in the FY'18 budget for the proposal for PACE. She stated that the agency will be bringing on a staff person soon to assist in getting the program up and running. The actual start date of the program will probably begin in FY'19.

The second proposal for the EPD Waiver home-delivered meals, is a repeat of a request made last year as a budget enhancement, and is the same this year. DHCF is in the process of doing the agency's budget formulation to be submitted to the Mayor, who then moves it forward to the Council in February for approval. The MCAC will be provided an update regarding the approved budget.

DISCUSSION: Patient and Family Advisory Council within MCAC

CS requested that the Patient and Family Advisory Council discussion be tabled until the next meeting due to lack of information regarding the proposal submitted by Erin Holve (EH). JB agreed to bring this agenda item back to the MCAC for the December meeting.

Leona Redmond (LR) asked CS if she was aware of any Federal funds being offered for prescriptions for seniors for produce. She stated that she believes that this is something that should fall under the jurisdiction of the Department of Agriculture, not Medicaid. CS stated that LR is correct, Medicaid is not currently paying for food, and she is not aware of the program that LR is referring to. CS did hear that there are other jurisdictions providing this service, but not through Medicaid funding. The Federal government will not reimburse for this service.

JB suggested that LR and Trey Long (TL), Department of Human Services, speak off line regarding this subject for clarification.

Guy Durant (GD) asked that the MCAC ensures that the rule is that the beneficiaries benefit from any rule or program changes.

EH arrived at the meeting and presented the following information regarding the Patient and Family Advisory Council proposal. She stated that this initiative is mainly about ensuring that patients and beneficiaries have access to their own health information. EH said that she wanted to bring to the attention of the MCAC the movement that is happening around the government involving Patient and Family Advisory Council. She also stated that she feels that this type of advisory council would be beneficial to the MCAC.

JB shared that she personally supports this initiative, but said that being ready to have a dialogue about it might be helpful if we had something in writing to speak to how this advisory council would work.

CS stated that she fully supports this initiative as well, and would love to have more beneficiary involvement. However, to start an advisory council, the agency/MCAC would have to figure out how to staff it.

LR asked EH what she thought about having Beneficiary Sub-Committee in the MCAC. She stated that you would have the direct interaction with the beneficiaries. EH said that she would love to support this initiative, and LR stated that she would serve on this sub-committee.

SH stated that this is the right thing to do, and if you don't have a critical mass of beneficiaries and community members advising this group, then it's not good enough.

CS recommended that a written proposal be submitted, and that some committed people think through some of the issues to support this proposal and bring it back to the MCAC for consideration at the next meeting or two.

JB recommended that LR and EH serve as co-chairs of an Ad Hoc Task Force that would spend some time analyze how it would work, and what degree that we can leverage time and talent to help this process. She deferred to the Ad Hoc Task Force to come back to the MCAC. MCAC members were all in agreement to move forward on this initiative.

IV. Sub-Committees

a. Vote: New Sub-Committee Chairs for Health System Re-Design, and Long Term Services and Supports

Mark LeVota (ML) asked to be recused from being nominated for the sub-committees since he already chairs one. However, he could still be nominated for one of the Executive Committee slots.

b. Report Outs (from each sub-committee)

Access

Closures of UMC and Providence Hospital's Obstetrics/Maternity Wards & Closure of Providence Hospital's Inpatient Psych Hospital Unit – JB stated that we have some feedback regarding the recent closure of services at Providence Hospital, and the suspension of services at United Medical Center (UMC). Specifically, UMC's suspension on Obstetric Services, and Providence Hospital's decision to close their Obstetrics and Maternity wings, as well as their Inpatient Psych Unit. She said that while they have closed their Inpatient Psych Unit, they are offering some Telemedicine services out of their primary care centers, and some partial services.

ML asked if there were representatives from the Department of Health (DOH) or the Department of Health Care Finance (DHCF) who could speak to the network adequacy concerns. There was some confusion over exactly what was going on, and how long the situation might last. ML asked whether there is still a belief that adequate alternatives exist in DC for these services, and whether beneficiaries know about what services remain and how to access them.

DOH's Dr. Jacqui Watson (JW) reported that on September 22nd there was a public oversight hearing that Councilmember Vincent Gray held, and Dr. LaQuandra Nesbitt (LN) served as the executive witness. LN was tasked with addressing the state of Obstetric Services at UMC, and the pending closures at Providence Hospital.

JW stated that the issue of UMC was that there had been quality of care concerns that were brought to DOH's attention. After various levels of discussions, it was determined that it was safest for the District's residents to place restrictions on their license to provide obstetric

services at that time, until the hospital provides an acceptable corrective action plan. It became effective August 7th (90 days), and they have since requested an extension.

She reported that the majority of Ward 7 and 8 patients were not delivering babies at UMC. They were delivering in other Wards in the District, and the hospitals primarily benefiting or seeing that aspect of services was and is Washington Hospital Center and George Washington Hospital were benefiting.

JW stated that DOH has not received any complaints or incidents expressing that there are obstetric shortages at this time. There have been no issues raised and the capacity is there to take our District residents.

JB stated that DCHA will be coming back to the City with some recommendations around how to move forward, and communication will be the key to that. She also stated that we have the OB issue, but the behavioral health issue continues to be improperly addressed.

DOH's Dr. Sharon Lewis (SL) reported that DOH is in frequent communication with UMC. She stated that everyone should be reassured that obstetric services are being taken care of for District residents, as UMC has made contractual arrangements with other hospitals.

SH asked what is the magnitude of the impact, and is it too soon to know if there is no impact? JB responded that over 90% of the deliveries in Ward 7 and 8 do not deliver at UMC. JW stated that she would like everyone to recognize that the data DOH has been showing has been a trend for many years. There has been a low volume at UMC for many years, for many reasons. DOH feels that the capacity in the City currently will be able to absorb the UMC closure. In 2016, DC residents by hospital and wards, Ward 7 and 8 the number was 3,031, and 51% of those patients were delivered in Washington Hospital Center (WHC) and George Washington Hospital (GW); 9% at Providence Hospital, 2% at Sibley Hospital, 3% at Georgetown University Hospital, and 10% at UMC. The low volume issue has been a challenge that UMC has had for quite some time. JB stated that the most important part of this is that UMC did not have a prenatal program.

Sharra Greer (SG) stated that her understanding from her clients is that Washington Hospital was not accepting Amerigroup members, and this poses huge access issue. She requested clarity on this issue.

Dr. Linda Elam (LE), CEO of Amerigroup District of Columbia, reported that MedStar is not contracting with Amerigroup. In the interim, Amerigroup does have a continuity of care plan, and a strategy that has not been as widely distributed as they would like.

MedStar-to-Amerigroup Transition – Lisa Truitt (LT) reported at one of the prior MCAC meetings the MedStar letter of agreement was shared to honor a prior authorizations or services that were being rendered by a MedStar provider. When it was all said and done, the hospital system did not follow through with that agreement. Appointments were canceled and they refused to schedule any new appointments.

LT shared that there is an agreement that MedStar Health Systems will honor appointments up through November 30, 2017, and that time would be used by the health plans to try to negotiate contracts to be able to bring in the network, but that did not happen.

She also shared that AmeriHealth was able to execute a contract with MedStar Health System for their specialists and primary care physicians through December 31, 2017. LT stated that Amerigroup has developed their network, and patients are being served.

CS stated that it is important to monitor very carefully what is happening, and particularly important for the advocacy community to document these issues that are being reported to them from their clients so that DHCF can resolve those issues.

LE introduced Amerigroup's Chief Operating Officer, Josephine Bias Robinson (JBR). JBR stated that MedStar shared with them a list of who they feel are in active courses of treatment with them (approximately 700 – 800 individuals). Amerigroup will be meeting with them next week to ensure that there is a smooth transition for those members, and that MedStar has committed to continue seeing those members. A large number of those 700 – 800 individuals are pregnant women and cancer patients. Amerigroup was also told that any appointments made before October 1st would not be canceled.

JBR said that she would be sure to provide SG with a point of contact from Amerigroup to help resolve any issues regarding cancelations. JB asked that JBR share that direct point of contact with everyone.

Dr. Barry Lewis (BL), Amerigroup's Medical Director, reported that the good news regarding the transition (i.e., having to communicate with the members) is that you get to find out a little more about their background and direct them to some of the care that they need to get to.

JB recommended that Amerigroup work with LT to provide an update of the trio of plans to the MCAC. LE will email the information to TD, and TD will provide the information with the group.

Closure of Providence Hospital's Inpatient Psych Hospital Unit – Behavioral Health

The Department of Behavioral Health's (DBH) Representative Jim Wotring (JW) reported that the hospital has a contract for ten (10) acute care beds; three (3) other contracts with UMC, PIW, and WHC. He stated that they have worked out a contract arrangement with PIW for four (4) detox beds. JW also stated that there is still some concern, but DBH is keeping a watch regarding these issues, and asked that all members report back to DBH if they have any other issues or concerns.

JB affirmed that there is an extreme amount of concern regarding the hospitals and their ability to absorb the patients, and issues from before, particularly around the involuntary admissions. She stated that it's not just about a bed, but also about having the structure and environment to ensure that the patients are being provided the best care. She said that for the hospital industry, the issue surrounding behavioral health is probably the most pressing issue right now. She also notified the committee that she has a meeting scheduled with DBH Director, Dr. Tanya A. Royster, next week to discuss these issues.

CS and JB asked that everyone submit their information to the Access Sub-Committee regarding this issue as well.

JB also encouraged everyone to reach out to the MCAC Sub-Committees to submit their recommendations moving forward.

Enrollment/Eligibility – No report.

Health System Re-Design – No report.

Long Term Services and Supports – No report.

c. VOTE: New MCAC Executive Committee and Sub-Committee Chairs

JB announced the election results as listed below.

- *MCAC Vice Chair* – Jodi Kwarciany (3 votes)
- *MCAC Member at Large* – Mark LeVota (5 votes)
- *Chair, Health System Re-Design Sub-Committee* – Tamara Smith (5 votes)
- *Chair, Long Term Services and Supports Sub-Committee* – Judy Levy (6 votes)

V. New Business

No report.

VI. Opportunity for Public Comment

There being no public comment, JB moved to the next agenda item.

VII. Announcements

EH announced that this past Summer the agency received approvals for three (3) Telehealth grants. These grants will be in the amount of \$50,000 for Telehealth Services in Ward 7 & 8.

TS announced that there is a Regional Health Policy event scheduled for Tuesday, December 5, 2017, at 7:30 pm at CareFirst, BlueCross and BlueShield. TS will email the information to TD to distribute to the MCAC.

VIII. Next MCAC Meeting

The next MCAC meeting is scheduled for Wed., December 13, 2017, 5:30 – 7:30 pm.

IX. Adjournment

The meeting adjourned at 7:30 pm.